

NEUROSURGICAL ASSOCIATES NEW PATIENT REFERRAL

Thank you for referring your patient to our office. Please complete **ALL** of the requested information on this form and fax to the number listed below along with current office notes, imaging reports (such as MRI, CT, X-rays & EMG), insurance information and any additional information the referring physician feels necessary. To ensure efficient and prompt treatment, it is imperative that each patient bring their recent imaging films and/or discs to their scheduled appointment. Once our office has scheduled an appointment for the patient, we will promptly fax or call your office with that information.

Please indicate the desired provider and location:

<p style="text-align: center;">Dr. Khan W. Li Fax #: 615-320-4178</p> <p>___ Premier Medical Park 315 N Washington Ave. Suite 155 Cookeville, TN 38501</p> <p>___ Covenant Medical Group 415 Henslee Dr. Dickson, TN 37055</p> <p>___ 1547 Warrior Drive Murfreesboro, TN 37128</p> <p>___ Centennial Prof. Plaza 345 23rd Avenue North, Suite 328 Nashville, TN 37203</p> <p>___ Heritage Medical Plaza 2839 Hwy. 231 North, Suite 107 Shelbyville, TN 37160</p>	<p style="text-align: center;">Dr. Michael J. Schlosser Fax #: 615-329-3044</p> <p>___ Centennial Medical Ctr. 313 North Main St. Ashland City, TN 37013</p> <p>___ Camden Chiro. Clinic 115 Highway 641 South Camden, TN 38320</p> <p>___ United Regional Med. Ctr. Specialty Clinic 1034 McArthur St. Manchester, TN 37355</p> <p>___ Centennial Prof. Plaza 345 23rd Avenue North, Suite 420 Nashville, TN 37203</p> <p>___ Centennial Med, Clinic 5006 Spedale Court Spring Hill, TN 37174</p> <p>___ Stones River Hospital Specialty Clinic 324 Doolittle Road Woodbury, TN 37190</p>	<p style="text-align: center;">Dr. Jacob P. Schwarz Fax #: 615-327-8587</p> <p>___ Camden Chiro. Clinic 115 Highway 641 South Camden, TN 38320</p> <p>___ Lawrenceburg Spec. Clinic 1009 North Locust Ave, Suite B Lawrenceburg, TN 38464</p> <p>___ Centennial Prof. Plaza 345 23rd Avenue North, Suite 420 Nashville, TN 37203</p> <p>___ Family Medical Center 302 North Congress Blvd. Smithville, TN 37166</p> <p>___ Southern Tenn. Medical Ctr. 183 Hospital Road Winchester, TN 37398</p>
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REFERRING PHYSICIAN NAME _____ CONTACT _____

ADDRESS _____ PHONE # () _____ FAX # () _____

PATIENT NAME _____ M F DOB _____ SSN _____

ADDRESS _____ ZIP CODE _____

DIAGNOSIS _____ PREVIOUS FILMS? _____ PHONE # () _____ ALT # () _____

PRIMARY INS: _____ PPO HMO POLICY # _____

SECONDARY INS: _____ PPO HMO POLICY # _____

REFERRAL REQUIRED FOR SPECIALIST VISIT? YES NO IF YES, WILL YOUR OFFICE FAX? _____

We are committed to providing efficient and prompt service. If you do not receive an appointment for this patient within 24 hours of your faxed request, please contact our office at (615) 986-1256.

NEUROSURGICAL ASSOCIATES INTERNAL USE ONLY:

Appt. date, time & location: _____	Benefits Verified: _____
Referring Ofc. Notification date & method: _____	Patient Notification Notes: _____

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